

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10/073397**CLAIMS AS FILED - PART I**

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.10(a))				\$ _____			\$ _____
TOTAL CLAIMS (37 CFR 1.101(i))	minus 20 =	*	x \$ _____		OR	x \$ _____	
INDEPENDENT CLAIMS (37 CFR 1.10(b))	minus 3 =	*	x \$ _____		OR	x \$ _____	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d))			+ \$ _____		OR	+ \$ _____	
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT A 2-2205	Total (37 CFR 1.101(b))	38	38	x \$ _____		OR	x \$ 50.	
	Independent (37 CFR 1.101(b))	4	4	x \$ _____		OR	x \$ 200.	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10(d))			+ \$ _____		OR	+ \$ 360.	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
AMENDMENT B 3-2205	Total (37 CFR 1.101(b))	38	38	x \$ _____		OR	x \$ 50.	
	Independent (37 CFR 1.101(b))	4	4	x \$ _____		OR	x \$ 200.	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10(d))			+ \$ _____		OR	+ \$ 360.	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
AMENDMENT C Ex. 1001	Total (37 CFR 1.101(b))	3	38	x \$ _____		OR	x \$ 50.	
	Independent (37 CFR 1.101(b))	1	4	x \$ _____		OR	x \$ 200.	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10(d))			+ \$ _____		OR	+ \$ 360.	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10073397

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	38	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	38 minus 20 = *	18
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	38	Minus	** 38 =
	Independent	*	4	Minus	*** 4 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	324.00
X84=	84.00
+280=	0
TOTAL	1148.00

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	✓

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	✓

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	